

Pregnancy Allowance

I just learned that I am pregnant. I am receiving public assistance. Can I get any additional money now?

It depends. It is possible that you may be eligible for a pregnancy allowance from DSS if:

- you have medical documentation from your doctor that states your due date and
- you are beginning your fourth month of pregnancy

What do I need to do to get this additional money?

You need to give this documentation to your caseworker at DSS. You will become eligible for a pregnancy allowance beginning the fourth month of your pregnancy (as long as you have not reached the State 60 month time limit for public assistance).

How much is the pregnancy allowance?

The pregnancy allowance is \$50.00 per month.

What if I get denied?

Call Neighborhood Legal Services, Inc. at 847-0650.

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____	Case Number: _____
Address: _____ _____	Telephone Number: _____

<p>I am requesting the following Temporary Assistance allowance(s) for special need(s):</p> <p><input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home.</p> <p><input type="checkbox"/> Pregnancy Allowance</p> <p><input type="checkbox"/> Housing and Shelter Related Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items <p><input type="checkbox"/> Other _____ _____ _____</p>	<p>I am requesting other help:</p> <p><input type="checkbox"/> Child Care Assistance</p> <p><input type="checkbox"/> I am working.</p> <p><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</p> <p><input type="checkbox"/> I wish to attend approved occupational training.</p> <p><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</p> <p><input type="checkbox"/> Other _____ _____ _____</p>
FOR WORKER'S USE ONLY	
<p>CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST</p> <p>_____</p> <p>_____</p>	

CLIENT'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE
X		X	